

Because of the great need, emporiatrics is emerging as a new medical specialty, with many new travelers' clinics being established.¹²

Our approach to emporiatrics is to tailor prophylactic treatment specific to an individual itinerary and to attempt to modify behavior through education to prevent disease in travelers. It is hoped that this article will be helpful for others in establishing similar activities.

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Rocky Mountain Spotted Fever

IN RECENT YEARS, we have begun to see more Rocky Mountain spotted fever. A tick bite will be seen in about 60% of these patients. Fever and headache will be the primary symptoms in most. Headache alone may be the primary symptom in a few. Most are diagnosed as having viral infections, fever of unknown origin, or measles. When they are put into hospital—most are in hospital for about nine or ten days—the diagnosis is not often made until several days into the hospital stay.

The accompanying rash is more subtle than one thinks. There is a far more intense rash on the extremities. There is not much in the way of coalescence, as one might expect with a measles rash, and although there is some rash on the trunk, it is not nearly as prolific. It tends to be far more concentrated, and it will start—if you get a good history—it will almost always start along the distal extremities and then progress to the trunk. The treatment for Rocky Mountain spotted fever is chloramphenicol. There really is no particular substitute. Tetracycline hydrochloride is probably also effective and may be used in patients who are really intolerant of chloramphenicol.

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